

# APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

## WORKER'S COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.)

Policy No. \_\_\_\_\_ Company \_\_\_\_\_

☐ Certified copy is hereby furnished.

☐ Certified copy is filed with the county building inspection department.

Date \_\_\_\_\_ Applicant \_\_\_\_\_

## CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws.

Date \_\_\_\_\_ Applicant \_\_\_\_\_

**NOTICE TO APPLICANT:** If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

## LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Number \_\_\_\_\_ Lic. Class \_\_\_\_\_

Contractor \_\_\_\_\_ Date \_\_\_\_\_

☐ I am exempt under Sec. \_\_\_\_\_

B.&P.C. for this reason \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_

☒ I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code.)

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code.)

## CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name \_\_\_\_\_

Lender's Address \_\_\_\_\_

I certify that I have read this application and state that the above information is correct. I agree to comply with all county ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above mentioned property for inspection purposes.

Signature of Applicant or Agent

Date 10-26-92

FOR APPLICANT TO FILL IN			
BUILDING ADDRESS 1233 S. SUNOL DR.			
CITY E.L.A.		ZIP 90023	
SIZE OF LOT		NO. OF BLDGS. NOW ON LOT 3	
TRACT 4510	BLOCK 7	LOT NO. 31	
ASSESSOR MAP BOOK		PAGE	PARCEL
OWNER LETICIA MARTINEZ		TEL. NO. 265-2610	
ADDRESS 1235 S. SUNOL DR.			
CITY E.L.A.		ZIP 90023	
ARCHITECT OR ENGINEER		TEL. NO. 265-2610	
ADDRESS			
CONTRACTOR		TEL. NO.	
ADDRESS		LIC. NO.	
CITY		LIC. CLASS	
SQ. FT. SIZE	NO. OF STORES	NO. OF FAMILIES	
DESCRIPTION OF WORK STUCCO & windows			
NEW <input type="checkbox"/>			
ADD <input type="checkbox"/>			
ALTER <input type="checkbox"/>			
REPAIR <input checked="" type="checkbox"/>			
DEMOL <input type="checkbox"/>			
URM <input type="checkbox"/>			
USE OF EXISTING BLDG. RESIDENCE			
APPLICANT (PRINT) LETICIA MARTINEZ		TEL. NO. 265-2610	
ADDRESS 1235 S. SUNOL DR.			
WILL THE APPLICANT OR FUTURE BUILDING OCCUPANT HANDLE A HAZARDOUS MATERIAL OR A MIXTURE CONTAINING A HAZARDOUS MATERIAL EQUAL TO OR GREATER THAN THE AMOUNTS SPECIFIED ON THE HAZARDOUS MATERIALS INFORMATION GUIDE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
WILL THE INTENDED USE OF THE BUILDING BY THE APPLICANT OR FUTURE BUILDING OCCUPANT REQUIRE A PERMIT FOR CONSTRUCTION OR MODIFICATION FROM THE SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT (SCAQMD) SEE PERMITTING CHECKLIST FOR GUIDELINES. YES <input type="checkbox"/> NO <input type="checkbox"/>			
I HAVE READ THE HAZARDOUS MATERIALS INFORMATION GUIDE AND THE SCAQMD PERMITTING CHECKLIST. I UNDERSTAND MY REQUIREMENTS UNDER THE LOS ANGELES COUNTY CODE, TITLE 2, CHAPTER 2.20 SECTIONS 2.20.100 THROUGH 2.20.140 CONCERNING HAZARDOUS MATERIALS REPORTING AND FOR OBTAINING A PERMIT FROM THE SCAQMD.			
OWNER OR AGENT			
P.C. FEE 50.50		PERMIT FEE 51.10	
		ISSUANCE FEE 17.10	
INVESTIGATION FEE		TOTAL FEE 68.20	

BUILDING ADDRESS 1233 S. Sunol Dr.				
LOCALITY E.L.A.				
NEAREST CROSS ST. Olympic Bl.				
USE ZONE R4	MAP NO. SPECIAL CONDITIONS			
WITHIN 1000 FT. OF SCHOOL?			YES	NO
DISTRICT 6	GROUP R3	TYPE CONST.	FIRE ZONE III	PROCESSED BY E.B.
STATISTICAL CLASSIFICATION CLASS NO. 21 DWELL UNITS			APT	CONDO
REQUIRED SET BACK	YARD	HWY	TOTAL SETBACK FROM PROP LINE	EXIST WIDTH
FRONT P.L.				
SIDE P.L.				
SEWER MAP BK PG		P23		
VALUATION \$ 2000 -		01 *50.50		
		*50.50		
		02 - 521.4		
		16-42		
		10-26-92		
		1		
LDMA P/C #				
LDMA Perm #				
FINAL DATE		P1		
FINAL BY expired 1996		01 *68.20		
		*68.20		
		02 - 521.5		
		16-42		
		10-26-92		

SEE REVERSE FOR EXPLANATORY LANGUAGE